RECORD PERMANENT pe may that It m 80 9 terms, n back piain Instructions in in I See item OF Important. Every

STATE OF MARYLAND PLACE OF DEATH DEATH lif death occurred in Ward) a hospital or Institution give its NAME lostead of street and number. I 2 FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH SEX 4 COLOR OR RACE MAR HED. WED, WIDO the word) I HEREBY CERTIFY, That I attended deceased from S DATE OF BIRTH (Day) (Year) (Month) If LESS than TAGE 1 day, .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory..... BIRTHPLACE (Secondary) (State or country) 10 NAME OF 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, &, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-

TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place State \_\_\_\_\_ yrs, \_\_\_ mos. of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ Where was disease contracted, If not at place of death?. Former or usual residence. DATE OF BURIAL

ARENT 12 MAIDEN NAME 13 BIRTHPLACE OF MOTHER (State or country) 15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Frankfin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as duties of the household only (not paid Housekccpers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples "Foreman,"

Statement of cause of death—Name, first, the DISTASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage, as "Puerperal septichae-"Heart fallure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclainjury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. cause. etc., when a definite disease can be ascertained as the "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) tetanus) may be stated under Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can-"Exhaustion," the head of Examples: cause for For VIO-



N.B.—Every item of information should be garefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

County Washington	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Hagerstown (No. 1)	Benkard St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  1 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	
(Month) (Day) (Year)	that I last saw have alive on 1914
7 AGE  18 yrs. 8 mos. 14 ds. ormin.?	and that death occurred on the date stated above, at Cr.J.S. Tr. m., The CAUSE OF DEATH* was as follows:
BOCCUPATION  (a) Frade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in	from injury of brain Max or of Chyration Al grain hos 23 ds.
**BIRTHPLACE (State or country)  Maryland	Contributory Sauce (Secondary)  (Secondary)  (Buration) yrs mes 3 ds
on 11 BIRTHPLACE DENT Bankord	(Signed) (Address) yrs mes & ds.
State or country) Haryland  12 MAIDEN NAME OF MOTHER PORTS	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
13 BIRTHPLACE OF MOTHER (State or country) Maryland	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs, mos ds.
(Informant) Jacob Bankard	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) 605 W. Wash St	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
18 6-20-1914 Herry Devis	POSE HELD June 21, 1914 20 UNDERTAKER ADDRESS
If more blanks are needed, address that Begis train	ROUSS BIVE B3 Q. Wash S R, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

scpsis, tetanus) may be stated under the head "Contributory." (Recommendations on statement such, if impossible to determine definitely. Examples: childbirth or miscarriage, as "PUERPERAL septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasvalvular heart disease; Chronic interstitial nephritis cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," oma. Sarcoma. etc., of ...... ture of the American Medical Association.) by carbolic acid—probably suicide. Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Ohronia zer" is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," (name origin; "Can-The nature of the "Exhaustion,"



No. 1.

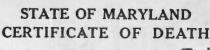
80

PHYSICIANS should state may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT stated EXACTLY. UNFADING INK-THIS IS AGE Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important? See instructions on back of certificate. See instructions on back of certificate. WRITE PLAINLY, WITH N. B.

OF MOTHER

15

PLACE OF DEATH



Registration Dist. No. 300

St; Ward)

a hospital or lostitution,

* FULL NAME Samuel Ba	rhelolo give its NAME losteau et street aod number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
8 23 , 1841 (Month) (Day) (Year)	that I last saw h sin allve on June 1 1914
7 AGE 7 2 yrs. 9 mos. 8 ds.   It LESS than 1 day	and that death occurred on the date stated above, at 10 mm. The CAUSE OF DEATH* was as follows:
B OCCUPATION  (a) Frade, protession, or particular kind of work  (b) General nature of Industry, business, or establishment in	Ouronic NEphrilis  Ouronic (Duration) yrs. mos ds
which employed (or omployer)  BIRTHPLACE (State or country)  Wear Smithburg	Contributory Cy Laustin of Heart, (Secondary)
10 NAME OF John Barkdoll	(Signed) Those of Lumbany, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
OF MOTHER SULAN WESTER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS

At place	In the			
ot death yrs mos ds.	State	yrs.	mos.	d
Where was diseaso contracted,				Ī
It not at place of death?			•	

osual residence

20 UNDERTAKER

ADDRESS

If more blacks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekecpers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salcsman, cases, especially in industrial employments, it is necness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If the occupation has Farmer or Planter,

Statement of cause of death—Name, first, the DIREASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscia

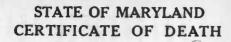
cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned LENT-DEATHS state MEANS OF INJURY and quality as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL scptichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of .... The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can Examples:



V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.



Registration Dist. No.

.....Ward)

[It death occurred in a hospital or institution, give its NAME instead

FULL NAME ( MANO)	Oarlou ot street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Remale. It hate Single, Single.  On Divorced (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
© DATE OF BIRTH  OCY 10, 1829  (Month) (Day (Year)	17 I HEREBY GERTIFY. That I attended deceased from 191 to
7 AGE  Structure (State of State of Sta	and that death occurred on the data stated above, at #
(a) Trade, profession, or Hotel Proferietres	Jupinaries (109)
(b) General nature of industry, Petirs of about 144915 business, or establishment in 1499 (Since Boarded)	(Duration)wrsmosds.
9 BIRTHPLACE (State or country) Washle Md.  10 NAME OF PL 2 3 +	Contributory Secondary (Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) Hash of Med.  12 Maintenance Of Med.  12 Maintenance Of Monther Of	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Not Known	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mos ds  Where was disease contracted.
(Informant) Nason Darlow	If not at place of death?  Former or  usual residence
(Address) Cacceoci Field Filed 13, 1914 6 F. M. Rader	19 PLACE OF BURIAL OR REMOVAL  PLACE OF BURIAL  ADDRESS  ADDRESS
If more blanks are needed, address State Regist	trar, C.E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anacmia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Condent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all discases resulting from Measles (discase causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



BINDING

FOR

RESERVED

N. B.-

1	PL	.AC	E	OF	D	EA	T	H

County WASHINGTON

HAGERSTOWN Village or City

(No. 217

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 302

St:5" Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

### JOSEPH PAUL BESORE

	PERS	ONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SE	MALE WHITE SINGLE,  MARRIED,  WIDOWED,  ORDIVORCEDINGLE		16 DATE OF DEATH JUNE (Month)	1 (Day (Year)	
6 D/	ATE OF BIR	тн		1110 15	16. 3/
		MARCH (Month)	11", 1908,	that I last saw h alive on M	ay 31 ,191 1
TAC	E	6 yrs 2	mos 22 ds or min.?	and that death occurred on the date state.  The CAUSE OF DEATH* was as follows:	
(a)	CCUPATION Trade, profession rticular kind of	on, or MONE		Celbumena .	Carria Grafa
bus	General nature iness, or esta ch employed (o		2		yrs mod 4 ds.
9 BI	RTHPLACE (State or co	ountry) MARYLA	ND.	Secondary (Barstina)	yrs mos ds.
	10 NAME OF FATHE		<b>BA</b> SORE	(Signer) ///////////omoons	- 130.
ENTS	11 BIRTHF OF FAT (State	PLACE THER or country) MARYI	AND.	*State the DISEASE CAUSING DEATH	or, in deaths from Violent
PAREN	12 MAIDEN OF MO	THER LUCY M	OORE.	*State the DISEASE CAUSING DEATH OF, in deaths from VIOLEN. CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS	
	13 BIRTHP OF MOT (State	THED	LAND.	At place in the of death yrs mos ds. State	
	HE ABOVE	S. H. BESC	T OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence	*
	(Address)	# 217 HIG	H STREET.	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15 File	6-	2- 1914 26	MANY DOOR	ROSE HILL CEMETERY  20 UNDERTAKER  C. M. SUTER & SON	JUNE 2" ,191.4  ADDRESS HAGERSTOWN MD

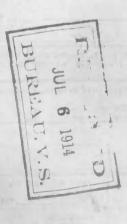


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the DISEASE essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion, thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, "Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT



### STATE OF MARYLAND

Cor	washington (1)	CERTIFICATE OF DEATH
00.		Registration Dist, No. 302
VIII	age or City Cagestown (No.350, C	St.; 32 Ward) [If death occurred is a hospital or institution,
	FULL NAME Luella B	Buy give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Wale Will Single, Windle Will Street  ORDIVORCED (Write the word)	(Month) (Day (Year)
6 D/	ATE OF BIRTH 26, 1905	that I last saw have allow on June 14 1914,
7 AC	GE (Month) (Day (Year)  If LESS than 1 day,hrs.  OR min.?	and that death occurred on the date stated above, at 1.20 p.m. The CAUSE OF DEATH* was as follows:
(a) par (b) bus	CCUPATION OTrade, profession, or clicular kind of work General nature of industry, liness, or establishment in	Porgulation Del 10.  Porgulation Del 10.  (Duration) / Lyrs mos ds.
-	RTHPLACE (State or country)	Gontributory Secondary
	10 NAME OF Walter N. Berry	(Signed) 6 Warthouse, M. D.
ARENTS	OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
PAR	12 MAIDEN NAME OF MOTHER CALL CASULO	18 LENGTH OF RESIDENCE (FOR HOSPITALS: INSTITUTIONS TRANSPORTE
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs. mos. ds. State yrs, mos. ds
	(Informant) Walter & Bury	Where was disease contracted, If not at place of death?  Former or Usual residence.
16	(Address) Viguya	Name down We game 16, 1914,
File	ed 4/5, 1914 Herry Davis	20 UNDERTAKER JADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. T.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease "Manager," "Dealer," etc., without more precise speci-For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause. Always qualify all diseases resulting from affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of scpsis, tctanus) may be stated under the head of injury, as fracture of skuii, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; The contributory (secondary or intercurrent) For vio-



V. S. No. 1.

N.B.

Every liem of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

		6114			
/	PLACE OF DEATH	7	1		
Cou	nty Trahung	lon		11201	
	00 7	, 1	2-	(1")	
Villa	ge or City Sharf	string	(No		
		1711	/	2	
	FULL NAME.	11/90	my A	Lower	~

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 300

FULL NAME 174 mm B	St.; Ward)  a hospital or institution, give its HAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Malu Phitu Single, Marrice or Bloomed, Wishouse, Or Blyonces or Blyonces (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)  17 0 1 HEREBY CERTIFY, That I attended deceased from
Month) (Day (Year)	that I list saw h Loca alive on from \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
TAGE  Star 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 14 a m.  The CAUSE OF DEATH* was as follows:
(a) Trada, profession, or particular kind of work.  (b) General nature of Indostry, business, or establishmant in which amployed (or employer)	(Ouration) yrs mos ds.
State or country) Sharps burg man	Contributory Secondary  (Duration)yrs
11 BIRTHPLACE OF FATHER (State or country) Sharks burg M	(Signed)  7. M. D.  (Address)  State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
13 BIRTHPLACE OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs, mos ds.
(Informant) My James Best of My Knowledge	Where was disease contracted, If not at piace of death?  Former or usual residence.
(Address) Dway Along Md.  18 Filed 6/5/, 1914 bleas Nike Pruastee	Shortsburg Ma 6 26, 1914  20 UNDERTAKER  ADDRESS  Character Co Karageville
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S,-Census and American Public Health Association.]

, mine, etc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

etc, when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Meastes; Whooping cough; Chronic mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," Never report



PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

\* DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

RECORD

÷.	
No.	
72	

WRITE

N. B.—Every item o GAUSE OF I

1 PLACE OF DEATH WASHINGTON

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Village or City\_ HAGERSTOWN 312

St.; 3" Ward) SOUTH POTOMAC

[If death occurred in a hospital or institutioo, give its NAME instead of street and nomber.]

SAMUEL H. BOWERS FULL NAME.....

PERSONAL AND STATISTICAL PARTICULARS			CAL PARTICUL	ARS	MEDICAL CERTIFICATE OF DEATH
3 8	MALE	WHITE Single,  WHITE Single,  WHOMED,  WHOMED,  WHITE WILLIAM  WITH WITH WOLLED.			16 DATE OF DEATH 6 19 , 191 4 (Month) (Day (Year)
6 D	ATE OF BIR	DECEMBER		, /832.	17 I HEREBY CERTIFY, That I attended deceased from  July 15, 1914, to July 19, 1914  that I last saw h 19 alive on 1914.
7 A	7 AGE If LESS than 1 day,hrs.			If LESS than	and that death occurred on the date stated above, at 8:30 pm.  The CAUSE OF DEATH* was as follows:
(a pa	Trade, profess	lon, or RETIRED	FARMER	**********************	Chrmic Endoreardi his " hephräter " Cyoritis
bus	General natur iness, or est ch employed (			*************************	(Ouration) 2 yrs mos ds.
9 B	RTHPLACE (State or c	ountry)	LAND.		Secondary (Bureller)
	10 NAME (	JACOB BO	WERS		(Signed) V. Lotan Dunelles L. M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER MARYLAND			YLAND.		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PAR	12 MAIDE		N BURGES	SSER.	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) MARYLAND.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE					18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mes. ds Where was disease contracted,
	(informant)	LEWIS L. BO	WERS	LEDGE	If not at place of death?————————————————————————————————————
4.82	(Address)	SUMMIT	AVENUE.		19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 FII	6/2	2 ,1914 26	renny &	Davis REGISTRAR	ROSE HILL CEMETERY JUNE 204 191 4  20 UNDERTAKER ADDRESS  C. M. SUTER & SON HAGERSTOWN MD
		If more blanks a	re needed, addr		strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," it should be used only when needed. the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e.g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the The contributory SUICIDAL, or HOMICIDAL, or as probably (Recommendations on statement of (secondary or intercurrent) State cause for



supplied. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT carefully supplied. AGE should be stated EXACTLY. BINDING 4 FOR INK-THIS RESERVED UNFADING N. B.—Every Item of information should be carefully CAUSE OF DEATH in plain terms, so that it MARGIN PLAINLY, WITH WRITE

No. 02 .

1 PLACE OF DEATH 6 1 16	STATE OF MARYLAND
County Usarlung Li	CERTIFICATE OF DEATH
Village or City R 7 D Rohrespielle 2 Full NAME	St; Ward)  [It death occurred a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale While Whower, Lingle (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
8 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY ÇERTIFY, That I attended deceased from
7 AGE  It LESS that 1 day, hrs  yrs	and that death occurred on the date stated above, at
(b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country) Quanh Co Quanh	Contributory (Secondary)
10 NAME OF Charles R Corles  11 BIRTHPLACE OF FATHER (State or country) Wash to 97105	(Signed) CARGE Luly Alguston MI  (Signed) CARGE Luly Alguston MI  *State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER Facture may Incarrant  13 BIRTHPLACE OF MOTHER (State or country)  M  A  A	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the ot deathyrs,mos, ds. Stateyrs,mos, d
(Informant) One Digital Mc Suran  (Address) Zeft Die	If not at place of death?  Former or usual residence
Filed Jun 15, 1914 C. DBaker MAD REGISTRAR  If more blanks are needed, address State Registrar,	20 UNDERTAKER  ADDRESS  M. C. Luman Keecherilloli  B. F. Franklin SA. Pollo Paralle II.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISKASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At. home. Servant, Cook, Housemaid, etc. If the occupation, should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is necmaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causave of death—Name, first, the disease causave primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train\_acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerpenal septichaemus," "Old Age," "Shock," "Uraemla," "Weakness," LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from "Senlle," etc.), (Recommendations on statement of may be stated under the head "Dropsy," (name origin; "Can-The nature of the State cause for "Exhaustion," Examples: ds.;



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
County Washington	CERTIFICATE OF DEATH
	Registered No. 300
Village or City Sharpshug (No.	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead
* FULL NAME John Walter	Semer of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white Single, MARIED, WIDOWO, WIDOWO, OR OWNERED (Write the word)	18 DATE OF DEATH (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH	12/28 1915, to 6/18 , 1914,
(Month) 2/(Day) (Year)	that I last saw harmalive on 6/17, 1914
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 4 Q m,
22 yrs. 10 mos. 27 ds. OR min.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	Interestació - Mariny of He
(a) Trade, profession, or particular kind of work	left leg and fings and possibly
(b) General nature of Industry,	- Lucio Curtar
business, or establishment in which employed (or employer)	(Duration) yrsmosds.
9 BIRTHPLACE (State or country) Wear Sharpshurg	Contributory (Secondary) (Duration) yrs mos ds.
10 NAME OF FATHER La Quel Str. Domes	(Signed) S. Howell broken, M D.
V 11 BIRTHPLACE OF FATHER Z (State or country) Noon Charmchurg Md	6/18, 1914 (Address) She autosbury 1000
OF FATHER (State or country) Wear Sharpsburg, Md.  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
a Lauren somer	1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) War Sharpshurg.	at place in the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,  If not at place of death?
(informant) factor of the Route No. 1, Sharp Barg, Md.	Former or usual residence
(Address)	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Skarpshurg, June 20, 1914
Filed 6/19/ ,1914 Chas N. Hoffmaster REGISTRAR	Me 4E& Sumba ) Cedysolle
If more blanks are needed, address State Registrar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

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WAR BOIL

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers been changed or given up on account of the disease of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise speciness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—In a frection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. childbirth or miscarriage, as "Purprenal septichaecause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronio genital," "Senile," etc.), mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_\_\_ The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples:



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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PER	Every item of information should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exac Important. See instructions on back of certificate.
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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in a hospital or institution. give its NAME Instead of street and nomber. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH that I last saw her alive on Mune 2 (Month) (Day (Year' TAGE It LESS than and that death occurred on the date stated above, at. 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? Tarasmuo. 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) -----9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER (Signed). 11 BIRTHPLACE une d ., 191.54. (Address) PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or An deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_ \_ ds. State \_\_\_\_\_ yrs. \_ Where was disease contracted. 14 THE ABOVE IS TRUE TO if not at place of death? Former or osual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No.



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precisc specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman,

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease it me and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from ctc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaemere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent)



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stated EXACTLY. PHYSICIANS should state I. Exect statement of OCCUPATION is very

A PERMANENT RECORD

County Washington



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

Village or G	ity Hags	sstown (	No. leoust	ave.

Ward)

[if death occurred in a hospital or institution.

FULL NAME Elizabeth &	Sorkast give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attanded decaased from
6 DATE OF BIRTH  May  (Month)  (Day)  (Year)	that last saw h M allve on June 10, 1914
7 AGE  1 LESS than 1 day,hrs. 0Rmln.?	and that death occurred on the date stated above, at
OCCUPATION  (a) Irade, profession, or particular kind of work  (b) General nature of industry, business, or astablishment in which employed (or employer)  PRINTHPLACE (State or country)  ONAME OF FATHER  ONAME OF FATHER  OS FATHER	(Duration) / yrs. mos. ds.  Contributory (Secondary)  (Duration) yrs. mos. ds.  (Signed) vose , M. D.  Line / 2, 191 4 (Address) / respect to the contributory of the
(State or country) Le not know  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informent)	*State the DISEASM CAUSING DEATH, OT/In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs
16 6/13- 1914 Henry Davis REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  Skind of Hot Som Jun 2 13, 1914  20 UNDERTAKER  S. Keller Lowman Hazerform Inde

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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V. S. No. 1.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated EXACTLY. of information should be carefully supplied. AGE should be a DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate. Every Item of information CAUSE OF DEATH in pial Important. See instructions

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Mashing ton



### STATE OF MARYLAND CERTIFICATE OF DEATH

County	Registration Dist, No. 304
Village or City Nancock (No. (No.	St.; Ward) [It death occurred in a hospital or institution.
FULL NAME JOSEPUL. 76	Excluse - give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 2 hule Single, MARRIED. Marker ORDIVORCED (Write the word)	(Month) (Day (Year)  12 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month)  (Day  (Year	39 Jun 27 1914 to Jun 2924 1914.
7 AGE 74 8 mos // ds. OR mio.	and that desth occurred on the date stated above, at
(a) Trade, protession, or particular kind of work.  (b) General nature of Industry,	Pluns
business, or establishment in General Slore which employed (or employer)  BIRTHPLACE (State or country)  BIRTHPLACE	(Quration) yrs. mos. 3 ds.  Contributory Browelist's Secondary
10 NAME OF FATHER Solomon & Line  11 BIRTHPLACE	(Signed) (Doration) Jyrs mos as.  (Signed) (Signed), M. D.
OF FATHER (State or country) Not Known.  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE SECTION AND ADMINISTRATION OF THE SECTION OF THE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of death yrs, mos. ds. State yrs, mos. ds  Where was disease contracted,
(Informant) Mrs. Josefil 16 Ex hu	It not at place of death?————————————————————————————————————
(Address) Maneverto Md.	26 aucoci 6 Mid Date of Burial
	20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 . Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to cach and every person, irrespective of age. Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated under the head of valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

If death occurred in

hospital or institution. give its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED, WIDOWED, ORDIVORCED (Write the word) (Month) (Day (Year) HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1,30 1 day hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in L mos / Ods which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory... Secondary 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) State \_\_\_\_ yrs. \_\_\_ Where was disease contracted. If not at place of death? Former or usual residence. BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are beeded, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

See instructions on back of certificate.

of information should be

N. B.—Every Item o CAUSE OF I

1 PLACE OF DEATH

county Washington



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2

FULL NAME Mallace Rectar Fishlin

Fit death occurred in a hospital or lostitution give Its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE Single, MARRIED, Single WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Seft 13, 18-98 (Wear)	that I last saw h
7 AGE If LESS than	and that death occurred on the date stated above, at 12
15 yrs 7 mos 3 ds OR min.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	Juhreuler Maratin 7
(a) Trade, profession, or particular kind of work	Stomash west Boundy
(b) General nature of industry,	***************************************
business, or establishment in which employed (or employer)	(Ouration) yrs 6 mos 10 ds.
9 BIRTHPLACE (State or country)	Secondary Perfecting Menny Canny
Urginia	Genel finitury (Duration) yrs Swand days
10 NAME OF Thomas Transporter	(Signed) Sung 5 Everthaut , M. D.
O 11 BIRTHPLACE OF FATHER B	June 17, 191 (Address) 27 W. Fourthlie St Hagentin
(State or country) ( I gilla 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SUICIDAL, OF HOMICIDAL.
OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER	At place In the
(State or country) (rama	of deathyrs mos ds. Stateyrs, mos ds Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Interment) Jennie Ficklin	Former or usual residence.
(Address) Nagerstown, Mid.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 61.0 11 2/2 Day	Hageistown, Mid. June 18, 1814.
Filed 1914 PREGISTRAR	20 UNDERTAKER ADDRESS
If more blanks are neded, address State Regist	rar, 6 E. Frankli S., Balto., Requesting V. S. No. 1.
The state of the s	the transfer of the transfer o



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE who receive a definite salary), may be entered as (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) :Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasvalvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septiehaegenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of State cause for



V. S. No. 1.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS Item Every Item CAUSE OF Important. N.B.

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30

Village or City Hagerstone 6/2.	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenial White (Write the word)	18 DATE OF DEATH  (Month)  (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	June 22, 1914, to June 22, 1914, that I last saw her alive on June 22, 1914
7 AGE 40 yrs 5 mos 19 ds OR min.?	and that desth occurred on the date stated above, at 1/300 m. The CAUSE OF DEATH* was as follows:
BOCCUPATION  (a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer).	(Child-Born at 8 th month)  Tustavour  (Duration) yrs mos ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  4	Contributory Aemarka Ja Secondary  (Duration) yrs mos ds.  (Signed) Lewis a Cerifficia N. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	LIBLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds  Where was disease contracted, If not at place of death?
(Address) Hagerstown Md  15 Filed 6-23-, 1914 Heling Davis	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Benn Corcels May 20, 1914  20 UNDERTAKER  ADDRESS
REGISTRAR	Wathing x Minnich Hagerstown

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. f.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease of persons engaged in domestic scrvice for wages, as who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman,

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonaeum, etc., Carcin-

Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and eonsequences (e. g., dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal scptichaceause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of Never report



### PHYSICIANS should state of OCCUPATION is very RECORD PERMANENT stated EXACTLY. UNFADING INK-THIS Every item of information CAUSE OF DEATH in pial important. See instructions

County Washing low

### STATE OF MARYLAND CERTIFICATE OF DEATH

1 1000	Registration Dist. No.
Village or City Staflevell (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Femal Wito Sander Married Wille Word (Write the word)	18 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I sttended deceased from
Sept 29, 1845 (Month) (Day (Year)	#26/ 191 #, to 6 191 #, that I last saw h # alive on 191 #
7 AGE  1 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, st. 10 a.m., The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work  (b) General nature of Industry.	Calcula, Sirecus Hzary -
business, or establishment in which employed (or employer)	Contributory Secret Osceros
(State or country) mary land	Secondary (Buration) yrs & mos o ds.
10 NAME OF Ster Farkey 11 BIRTHPLACE	(Signed) Le. E. Le Le Ca M. D. M. D. 18, 191 # (Address) Beaucher Grade
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Mary land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Sendowning + Follows	Where was disease contracted, If not at place of death?  Former or usual residence.
16 MINK with Don Milour A	19 PLACE OF PURIAL OB-REMOVAL DATE OF BURIAL  10 TO CENTELEY PUR P., 1814  20 UNDERTAKERY VADDRESS
Filed 1917 Registrar  Registrar  more blanks are needed, address State Registrar	William + Bost Browsboro May



[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, who have no occupation whatever, write None. Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, -Precise statement of occupa-"Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid deneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As ample: affection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Meastes (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head (name origin; "Can-State cause for Never report



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SICIANS should OCCUPATION IS PHYSICIANS cla 0 back Instructions plai = of Inford Every item CAUSE OF Important.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 3/2 I'lf death occurred in ...Ward) a hospital or institution. give Ifs NAME Instead ot street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 3 SEX DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVERCED Word I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated 1 day .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) ..... Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country of death State \_\_\_\_\_ yrs. ..... Where was disease contracted. If not af place of death? Former or osual residence 19 PLACE OF BURIAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, catcd thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers minc, etc. neation as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive first live will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupatious a single word or term on the tlou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, Women at home, who are eugaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, write None. As examples: "Foreman," cugineer,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and cousequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inaultion," "Maras genital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection ueed not be stated unless important. valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (uame origiu; "Cau-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

## RECORD PERMANENT UNFADING WRITE

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (No. --PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE SSINGLE, 7 MARRIED. WIDOWED! (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 17 DATE OF BIRTH (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day, .... hrs. OR ..... 7 s.co BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory. Secondary (Duration) 10 NAME OF FATHER 11 BIRTHPLACE 1914 (Address) Vages 2 PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ State . Where was disease contracted. If not at place of death?. Former or usual residence. PLACE OF BURIAL OR REMOVAL 15 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin/St, Balto., Requesting V. S. No. 1

If death occurred in

(Year)

a hospital or institution.

give its NAME Instead of street and number.]

(I)av

DATE OF BURIAL

ADDRESS



[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Nover return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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state PHYSICIANS should of OCCUPATION IS RECORD PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT EXACTLY. 5 SINGLE, 3 SEX 4 COLOROR RACE MARRIED. WIDOWED, (Write the word) 6 DATE OF BIRTH 30 properly classified. (Month) (Day) 4 7 AGE S should UNFADING INK-THIS 8 OCCUPATION AGE (a) Trade, profession, or (b) General nature of Industry, carefully supplied. pe business, or establishment in may which employed (or employer) ..... certificate. 9 BIRTHPLACE (State or country) so that It 10 NAME OF FATHER 0 PLAINLY, WITH pe PARENTS 11 BIRTHPLACE terms. See instructions on back OF FATHER (State or country) should 12 MAIDEN NAME OF MOTHER in plain Information OF MOTHER (State or country) DEATH 0 CAUSE OF Important. S 15

1 PLACE OF DEATH



(Year)

If LESS than

day, .... hrs.

....min. ?

REGISTRAR

If more blanks are needed, addvess State Regist

(No.

## STATE OF MARYLAND CERTIFICATE OF DEATH

	Registered	1 No. 30 6
tin Halin	St;Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
MEDICA	L CERTIFICATE OF	DEATH
16 DATE OF DEATH	BY CERTIFY, That a	(Day) 26 (Year) Littended deceased from
that I last saw h. Lon		23 1914.
and that death occurred		bove, at
Cardia	a Hilah	ation
	(Duration) 2,	yrsds.
Contributory (Secondary)  (Signed)  (Lune 26, 1914	esiph Pr. (Address) Agnill	yrs. mos. ds.
*State the DISEASE CAUSES, state (1) ME TAL, SUICIDAL, or HO:	CAUSING DEATH, Or, In tans of Injury; and MICIDAL.	deaths from Violent (2) whether Acciden-
At place of death yrs, mo Where was disease contracted if not at place of death?	In the os. State	Yrs Mos ds.
Former or usual residence	OR REMOVAL	DATE OF BURIAL
0.0	1.1.1	Jun 27, 1914
20 UNDERTAKER	Vhuel 6	,



[Approved by U. S. Census and American Public Health Association.]

minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen chauged or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care statement. Never return "Laborer," "Foreman," additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. Servant. Cook, Housemaid, etc. If the occupation has fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfui-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore au Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-As examples: For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. Examples ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage, as "Puerperal septiehaeample: Measles (disease causing valvulur heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory," dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as cause. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," affection need not be stated unless important. Excer" is less definite; avoid use of "Tumor" for maligture of the American Medicai Association.) sepsis, injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. . State cause for inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify ail diseases resulting from totanus) may be stated under the head of (Recommendations on statement of (name origin; "Candeath), 29 ds.;



V. S. No. 1.

N. B.-

	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statemen Important. See instructions on back of certificate.
	IAN	stat
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No. 1.		CAI

PHYSICIANS should state of OCCUPATION IS very

RECORD

1 PLACE OF DEATH



## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

		1		,	145	_	-	1
-	-3	٤.	 	***	w	a l	•	

[If death occurred to a hospital or institution,

FULL NAME Ruth Harban	ghamor of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Demace White Single, wibower, orbivorce (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
	17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day (Year)	that I last saw h alive on, 191
7 AGE  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, st
OCCUPATION (a) Trade, profession, or particular kind of work	Still Bon
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
State or country) Chewesvill md	Contributory Secondary
on 11 BIRTHPLACE  11 BIRTHPLACE  11 BIRTHPLACE	(Signed) MAN (Adverss) Omittalian
OF FATHER (State or country) Chewes oclle	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Hagens town Md	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place In the of death
(Informant) Harbaugh	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) Chewesville	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 6/5 191 4 Keleablest	20 UNDERTAKER ADDRESS CHURCH CHILLION OF THE STATE OF THE
If more blanks are needed, address State Roots	tran 6 R Franklin St. Patto Bornetti V. C. N.



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, CAUSING DEATH, state occupation at beginning of ill-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," The (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meningics, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Couture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart failure," "Hacmorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pialn terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County WASHINGTON



## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City HAGERSTOWN

(NoALLEY, REAR HAGERSTOWN STANK . Ward)

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

## FULL NAME ROGER W. HEMPHILL

21

	PERS	SONAL AND STATISTIC	CAL PARTICULAI	RS	MEDICAL CERTIFICATE OF DEATH	
3 SE	IALE	4 COLOR OR RACE	5 SINGLE,  MARRIED.  WIDOWED.  ORDIVORCED  (Write the work	HNGLE		91
8 DA	ATE OF BIR	тн			I HEREBY CERTIFY, That I attended decease	
		AUGUST	13"	.007	after death, 191 to	91
		(Month)		, 891.	that I last saw h im allyeron not at all	91
TAC	GE			if LESS than	and that death occurred on the date stated above, at	
		00 0	00	1 day,hrs.	The CAUSE OF DEATH* was as follows:	
		22 yrs 9	mos25ds.	ORmin. ?	Shock due to either accidental	
1 .	Trade, professi		OBID		or homicidal injury or injuries	
par	Trade, professi rticular kind of	workLAB	ORER	····		
(b) busi	General natural lness, or esta	e of industry,	ORER		(Duration) Immediate mos	ds
9 BI	RTHPLACE (State or co	ountry) MARYLA	ND.		Contributory Secondary (Boration) yrs mos	
	10 NAME ( FATHE	D	HEMPHILL.		(Signed) (1) (Mayaman)	. M. D
ARENTS	11 BIRTHPLACE OF FATHER (State or country) MARYLAND.				June 10, 79914 (Address) Hagerstown, Md	FOR MAIN
2 12 MAIDEN NAME OF MOTHER SARAH SHIPLEY		CAUSES, STATE (1) MEANS OF INJURY; and (2) whether ACTAL, SUICIDAL, OF HOMICIDAL.	CIDEN			
	13 BIRTHE OF MO (State	THEO	YAAND.		OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs. mos.	
4 T	HE ABOVE	IS TRUE TO THE BEST	T OF MY KNOWL	EDGE	Where was disease contracted, It not at place of death?	
(	(Informant)	OHN W. HEMP	HILL		Former or usual residence	
16	(Address)	# 104 POPE		***************************************	BAKERSVILLE MD.  Date of Burial  Date of Burial  Date of Burial  JUNE 11"	
Pile	6/1	1 will the	eung La	eln'a	20 UNDERTAKER ADDRESS	101
File	eu.			REGISTRAR		
		If more blanks o			Strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	



[Approved by U. S. Census and American Public Health Association.]

Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers statement. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merciy symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, aant neopiasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) State cause for





BUREAU OF VITAL STATISTICS FREDERIC V. BEITLER, M. D., CHIEF

## State of Maryland

Department of Health

SECRETARY, STATE DEPARTMENT OF HEALTH
JOHN S. FULTON, M. D.

STATE BOARD OF HEALTH
DR. WILLIAM H. WELCH, PRES
DR. NATHAN R. GORTER
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HON. EDOAR ALLAN POE

DR. WILLIAM W. FORD

DR. JOHN S. FULTON

SECRETARY

16 W. SARATOGA STREET, BALTIMORE OCT 14 1914

Dr. S. M. Wagaman, Hagerstom, Mid

Dear A :-

who died fure 9 // at fagewetown

you gave as cause of death speck due to inthe accidental Kindly give further information regarding this death. All deaths must be classified according to the International Classification of Causes of Death and it is impossible to properly classify this death without additional information. Answer on the reverse side of this sheet.

Very truly yours,

Almor - musmuch as the Course of Buth in this case will come up before they Court for lagul as Judication of Worly this drawn astificate as riginally firm Oct 15/1914 DAN Hazaman Kinge state what agent caused enquiry We will not wer white acceptation Juleulan Very truly yours,

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

AGE should be stated EXACTLY.

of information should be carefully supplied. AGE should be al. DEATH in plain terme, so that it may be properly classified. See instructions on back of certificate.

item of information should be

CAUSE OF Important. S

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PERMANENT RECORD

PLAINLY, WITH UNFADING INK-THIS IS A

WRITE

County Washington
Village or one William fort

## STATE OF MARYLAND CERTIFICATE OF DEATH

.Ward)

If death occurred in a hospital or Institution,

	2 PULL NAME George W, II	enson give its NAME instead of street and number.]
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	ex  4 COLOR OR RACE  MARRIED, WIOWEO, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH  (Month) (Day) (Year)	that I last saw have alive on free 13 , 1914.
TA	me of Birth mos. ds. OR min.?	and that death occurred on the date stated above, at 91/4 am, The CAUSE OF DEATH* was as follows:
(a pa	CCUPATION  1) Trade, profession, or ricular kind of work  ) General nature of industry.	and death of time of Birth
bu	siness, or establishment in the siness of th	(Ouration) yrsds.
	IRTHPLACE tate or country) Peneshing Ald	Contributory (Secondary)  (Opration) yrs mos s.
10	FATHER Alfred Henson	(Signed) D. J. Lusher M. D. June 13th, 1914 (Address) Williamshort Add
ENT	(State or country) Downsvill Add	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
PAR	of Mother Amende & Name	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) Purisburg ##4	At place In the of death yrs mos ds. State yrs mos ds.
14-	(Informant) A Br. Mans	Where was disease contracted, If not at place of death?  Former or usual residence
15	(Address) Williamfrest Ad	Melliunsker Fred. June 13, 1814
	lune 13 1914 C. C. Richard	20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of .... cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as. probably LENT DEATHS state MEANS OF INJURY and quality as thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) sepsis, tetanus) "Contributory." The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head .... (name origin; "Can-



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V. B. No. 1.

## Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OGCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS A N. B.

PLACE OF DEATH  County Washington 6131	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 3/5
Village or City & Lewer Cle (No	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Feruse 4 COLOR OR RACE MARRIED, MARRIED	16 DATE OF DEATH (Month) (Day) (Year)  17 I HEKEBY CERTIFY, That I attended deceased from
Month) (Day) (Year)	(/ 1200 15 14 (/1204 // 11)
7 AGE  11 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 11,300 m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment lo which employed (or employer)	Cerebral Humontogs (Ouration) 12 more os.
9 BIRTHPLACE (State or country)  Mayuland	(Secondary)  Contributory Bandeup OS Election  (Secondary)  (Secondary)  (Secondary)  (Secondary)  (Secondary)  (Secondary)
10 NAME OF Lawrence Easterday	(Signed) Tos J. Decephory, M. D.
11 BIRTHPLACE OF FATHER (State or country) Mary land	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  10 the  01 death yrs, mos ds.  State yrs, mos ds.
Interment Miss Like to the BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence.
Filed see 18, 1914 She Whater RECIPITAR	Hagestown, net. Date of Burial Hagestown, net. Address  G. K. Coffiner Hagestown net

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as material worked on may form part of the second essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age tion is very important, so that the relative healthfulmine, etc. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc..

scpsis, tetanus) may be stated under the head childbirth or miscarriage, as "PUERPERAL scptichac ture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT NEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," thenia." "Anaemia" (merely symptomatic), "Atrophy," ample: Mcasics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms) ; Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails "Collapse." "Coma." "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin: "Can Never report Examples:

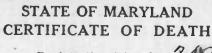


. B. No. 1.

## item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state E OF DEATH in plain terms, so that it may be properly classified. Exact statement of OGCUPATION is very RECORD PERMANENT UNFADING INK-THIS See instructions on back of certificate. WRITE PLAINLY, WITH N.B.-Every item CAUSE OF Important.

ounty Cashington

Village or City Brownsallano.



Registration Dist. No. 307

ODATE OF BIRTH  ODATE OF BIRTH PLACE (S) Trade, professon, or parlicular kind of work  ODATE OF BIRTHPLACE (State or country)  ODATE OF BIRTHPLACE OF MOTHER (State or country)  ODATE OF BIRTHPLACE ODATE OF BIRTHPLACE OF MOTHER (State or country)  ODATE OF BIRTHPLACE ODA	Village or City BrownshileNo.	Registration Dist. No. 3.0.1  [If death occurred in a hospital or institution give its NAME instead of street and number.]
MARIE Month (Day) (Tear)  O DATE OF BIRTH  (Month) (Day) (Tear)  (Address) (Darallen) (Darallen) (Darallen)  (Signed) (Darallen) (Dara	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
**State the Disease Causing Death, or, indeeds from Violent (State or country)  **State the Disease Causing Death, or, in deaths from Violent Causing, in State the Disease Causing Death, or, in deaths from Violent Causing, in State the Disease Causing Death, or, in deaths from Violent Causing, in State the Disease Causing Death, or, in deaths from Violent Causing, in State the Disease Causing Death, or, in deaths from Violent Causing, state (1) Means of Injury; and (2) whether Accidence of Mother Causing, in State the Disease Causing Death, or, in deaths from Violent Causing, state (1) Means of Injury; and (2) whether Accidence of Mother Causing, state (1) Means of Injury; and (2) whether Accidence of Mother Causing, state (1) Means of Injury; and (2) whether Accidence of Mother Causing, state (1) Means of Injury; and (2) whether Accidence of Mother Causing, state (1) Means of Injury; and (2) whether Accidence of Mother Causing, state (1) Means of Injury; and (2) whether Accidence of Mother Causing, state (1) Means of Injury; and (2) whether Accidence of Mother Causing, state (1) Means of Injury; and (2) whether Accidence of Mother Causing, state (1) Means of Injury; and (2) whether Accidence of Mother Causing, state (1) Means of Injury; and (2) whether Accidence of Mother Causing, state (1) Means of Injury; and (2) whether Accidence of Mother Causing, state (1) Means of Injury; and (2) whether Accidence of Mother Causing, state (1) Means of Injury; and (2) whether Accidence of Mother Causing, state (1) Means of Injury; and (2) whether Accidence of Mother Causing, state (1) Means of Injury; and (2) whether Accidence of Mother Causing, state (1) Means of Injury; and (2) whether Accidence of Mother Causing, state (1) Means of Injury; and (2) whether Accidence of Mother Causing, state (1) Means of Injury; and (2) whether Accidence of Mother Causing, state (1) Means of Injury; and (2) whether Accidence of Mother Causing, state (1) Means of Injury; and (2) whether Accidence of Mother Causing, state (1) Means of Inju	Married, Married	(Month) (Day) (Year)
The CAUSE OF DEATH * was as follows:    The CAUSE OF DEATH * was as follows:   The CAUSE OF DEAT	10 11 , 1884	Apl 134, 10 June 24, 1914
(a) Frade, profession, or particular kind of work.  (b) General nature of industry,  business, or establishment in which employed (or amployer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  12 MAIDEN NAME OF MOTHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  15 PRINCE OF BURDLESS  16 Where was disease contracted, it not at place of death?  Former or usual residence.  19 PRINCE OF BURDLESS  10 DURATION OF MOST AND ADDRESS  10 DURATION OF MOST ADDRESS  10 DURATION OF MOST AND ADDRESS  10 DURATION OF MOST AND ADDRESS  10 DURATION OF MOST AND ADDRESS  10 DURATION OF MOST ADDRESS  10 DURATION OF MOST AND ADDRESS  10 DURATION OF MOST AND ADDRESS  10 DURATION OF MOST AND ADDRESS  10 DURATION OF MOST AD	2 9 1 1 day,hrs.	
(Signed)  (Signed)  (Signed)  (Address)  (Ad	(a) Frade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or amployer)	(Duration) 3 yrs. mos. ds.  Contributory (Secondary)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT: OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIO	TATHER Vellingtine Unterpression of State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed)
(informant) August of Autobians Former or usual residence.	13 BIRTHPLACE OF MOTHER (State or country) Manyland	At place in the of death yrs mos ds. State yrs mos ds. Where was disease contracted,
(AUDIESS)	1. 1. 1.11 11	Former or
Flied fune 2   1914 C & Baller M. 20 UNDERTAKER   ADDRESS    Social Registrar & Luman Cechyoulle  If more hlanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	Flied fring d 1, 1914 C & Baker Med REGISTRAR	Ce. Suman Keedyoulle



[Approved by U. S. Census and American Public Health
Association.]

"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinology

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritia which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. mere symptoms or terminal conditions, such as "Asuant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.; For VIO-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A

RECORD

PERMANENT

N. B.-

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.4

[It death occurred in

Village !	FULL NAME Mary Ellen Da	a hospital or institution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Fema	4 COLOR OR RACE  Short te  Short te  Single,  MARRIED,  WIDOWED,  WIDOWED,  Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I hereby Certify, That I attended deceased from
AGE	(Month) (Day (Year)	that I last saw her alive on Jane 29, 1914, and that death occurred on the date stated above, at 90 m,
	24 yrs 5 mos 16 ds 0R min.?	The CAUSE OF DEATH* was as follows:
particular (b) General business,	profession, or Vous Lawrence land of work.  all nature of industry, or establishment in loyed (or employer)	Contributory Thursday
(Stat	AME OF FATHER BLU ALUS 7 AUG.  SIRTHPLACE OF FATHER (State or country) May land	Secondary  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 B	IRTHPLACE (State or country)  And land  And land  IRTHPLACE (State or country)  May land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents)  At place In the of deathyrs,mosts
14 THE A	Baulant	Where was disease contracted, If not at place of death?————————————————————————————————————
16 Filed	Address) Rayerstano Mca 6-30, 1914 Henry Davis REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  MALLOY Cellety  20 UNDERTAKER  ADDRESS  HOGSLuccu  Logarstone
	If more blanks are needed, address State Register	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) :Typhoid fever (never report "Typhoid menumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUEBPEBAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Bronchopneumonia (secondary), 10 ds. The contributory Mcasles (disease causing death), 29 ds.; (secondary or intercurrent) State cause for Never report



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## certificate. 9 Instructions

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RECORD

PERMANENT

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. It death occurred in .Ward) a hospital or institution, give Its NAME Instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Day Year) TAGE If LESS than and that death occurred on the date stated above, at... 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_ mos. ... State Where was disease contracted. 14 THE ABOVE IS if not at place of death? usual residence. DATE OF 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Reguesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persous CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. been changed or given up on account of the disease gainfully employed, as At school or At home. Care material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is vec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease."); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee ou Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," geuital," "Seuile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "Asaffection need not be stated upless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origiu; "Can-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secoudary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report



WRITE PLAINLY, WITH UNFADING INK-THIS

tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

classiffed.

that it may be

See instructions on back of certificate.

Important,

15

-Every item of information should be CAUSE OF DEATH in plain terms, s

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DEATH in plain terms.

AGE

RECORD

PERMANENT stated EXACTLY.

6135 PLACE OF DEATH



## STATE OF MARYLAND CERTIFICATE OF DEATH

301	and Antivatam	Registration Dist. No. 300
Viii	lage or only	St.; Ward)  [It death occurred la a hospital or institution, give its NAME instead of street and nombar.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 31	rale Phite Single, Michaeld Willowed, Willowad (Write the word)	16 DATE OF DEATH 25, 1914 (Month) (Day (Year)  17   HEREBY CERTIFY, That I attended deceased from
6 D/	(Month) (Day (Year)	that I last aaw hare allyson June 23 , 191
TAC	69 yrs 10 mos 8 ds or min.?	and that death occurred on the date stated above, at 6 G, m The GAUSE OF DEATH* was as follows:
(a) par (b) busi	OCCUPATION  Trada, profession, or  flicular kind of work.  General nature of industry, iness, or establishment in ch employed (or employer)	(Buration)yrsds.
981	(State or country) Rohmsville ne	Contributory Secondary  (Dyration)
	10 NAME OF James Lamison	(Signed) E-21 - Gunt, M. D.
PARENTS	11 BIRTHPLAGE OF FATHER (State or country) Maryland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
PAR	of Mother Mary Tawnyfill	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)  Manyland	At place in the of death yrs, mos, ds. State yrs, mos, ds
	(Interment) Ray ond James	Where was disease contracted, If not at place of death?  Former or usual residence
	(Address) Sharsturg Ma	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAG 1

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

ADDRESS

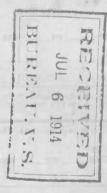


[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cated thus: Farmer (retired 6 yes.) For persons gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," injury, as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated under the head of affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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Information

Item OF CAUSE OF

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## 1 PLACE OF DEATH County (No. Village or City PERSONAL AND STATISTICAL PARTICULARS S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, Write the word) 6 DATE OF BIRTH (Day) (Year) (Month) 7 AGE It LESS than 1 day,....hrs. OR ..... min. ? 8 OCCUPATION (a) Trado, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ...... 9 BIRTHPLACE (State or country) certificate 10 NAME OF FATHER jo OF FATHER (State or country) ARENTS on back 12 MAIDEN NAME OF MOTHER Instructions of MOTHER (State or country)

STATE OF MARYLAND ERTIFICATE OF DEATH

Registered No

.....Ward)

fit death occurred to a hospital or Institution. give its NAME Instead ot street and number. ]

MEDICAL CERTIFICATE C	F DEATH
16 DATE OF DEATH (Month)	231, 191 (Year)
17) I HEREBY CERTIFY. That	
June 18th 1914, 10 Jan	
1917., 10	- Th
that I last saw he wallve on Juin	L. 181
and that death occurred on the date state	d above at 4 ac m
The CAUSE OF DEATH+ was as follows:	
Julestinal &	· decireles
Court (una) S.	and the second
(Burotlan)	yrs. mos. d
(υμαίοι)	J13 mv3 u
(Secondary)	***************************************
(Secondary)	
(Signed) (Duration) (Signed) (Signed)	yrsmoso
(Signed) filellace	18227, W. 1
Jacque 35 th 1914 (Address) le lea	reference has
*State the DISEASE CAUSING DEATH, or CAUSES, state (1) MEANS OF INJURY; as	/
TAL, SUICIDAL, OF HOMICIDAL.	de (w) whether gecipin-
18 LENGTH OF RESIDENCE (FOR HOSPITALS	INSTITUTIONS, TRANSIENT
OR RECENT RESIDENTS)	
At place In the ot death yrs, mos, ds. State .	vrs mos d
Where was diseaso contracted.	, , , , , , , , , , , , , , , , , , ,
If not at place of death?	
Former or	
usual residence	**************************
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
AND THE RESIDENCE OF THE PARTY	, 191
20 UNDERTAKER	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



MINISTRA

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as statement. additional line is provided for the latter statement cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) l'hysician, Compositor, Architect, Locomotive engineer applies to each and every person, irrespective of age ness of various pursuits can be known. The question Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise speciit should be used only when needed. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, As examples: For persons 9

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cere-prospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, meninges, peritonaeum, etc.. Carein-

valvular heart disease; Chronic interstitial nephritis ample: Meastes (disease causing death), 29 de.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Aiways qualify aii diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skuil, and consequences (e. g., by earbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. "Contributory." The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JUL 8 1914
BUREAU N.S.

## DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT WRITE

Item of information should be

P Every Item CAUSE OF Important.

N. B.-

S. No. 1.

RECORD

1 PLACE OF DEATH Village or City Mean Mason To



## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.

FULL NAME TANSIE J. 1CE	The street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCE (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)  17   SEREBY CERTIFY. That I attended deceased from
AGE OF BIRTH July // 1826  (Month) (Day (Year)	that I last saw h alive on Syrida, 191
87 yrs // mos 7 ds 0x min.?	and that death occurred on the date stated above, atm  The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in	
which employed (or employer)  9 BIRTHPLACE (State or country)  Grand	Contributory Secondary
10 NAME OF FATHER Whw Slouffer  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF TWO AND THE OF MOTHER OF THE OF MOTHER OF THE OF	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the of death yrs mos ds  Where was disease contracted,
(Informant) Les Fleener	If not at place of death?  Former or  usual residence.  19 PLACE OF BURIAL OR REMOVAL // DATE OF BURIAL
Filed June 17, 1914 Sa Hurish REGISTRAR	Reifs Menionite Ch. 921", 1814. 20 yyouraker Poor Apenson Maries Now Marinton Marinton
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE statement. Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Forcman," The (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. ctc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichac-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; State cause for Never report



Z.

PLACE OF DEATH 6138	STATE OF MARYLAND
County Washington	CERTIFICATE OF DEATH Registered No. 362
* PILL NAME Grosge 6	Lendall  [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I steended deceased from
6 DATE OF BIRTH  Masch   5 , 1933  (Month) (Day) (Year)	that I last saw humalive on June 16 , 1914
7 AGE 8/ yrs. 3 mos. 3 ds. OR min.?	and that death occurred on the date stated above, st. 7-452m, The GAUSE OF DEATH* was as follows:
e occupation (a) Trade, profession, or particular kind of work Magon Makeus	unaphailes.
(b) General cature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Leveral Sphaustry (Secondary)
10 NAME OF James Kondall	(Signed) F. M. D. Signed) And General M. D. Signed Modern M. D. Signed Modern Market Magazin Language Magazi
11 BIRTHPLACE (State or country) Baltimore fuel  W 12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER	*State the Disease Causing Dmath, or in deaths from Violent Causes, state (1) Mmans of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Rohversville Med	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos, ds.
(Informant) Isosge H. Kendall	Where was disease contracted, If not at place of death?  Former or usual residence
Salatos an Hazers from hid Filed 6-20, 1914 Henry Davis Mary CE D REGISTRAR	Place of Burial or REMOVAL PATE OF BURIAL  Plunkstown Ind Com. June 20, 1814  20 UNDERTAKER  ADDRESS  S-Kell or Journan Hagustown Ind
If more blanks are needed, address State keyistra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciapplies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborerstatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Kervant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUEBPEBAL peritonitis," childbirth or miscarriage, as "Purpresal scotichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of . cause of death approved by Committee on Nomencla-Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tctanus) may be stated under the head of (Recommendations on statement of etc. State cause for (name origin; "Can-"Exhaustion," Examples:



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH



## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

wie (No. 6640 unglown Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and nomber.]

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH  (Month)  (Day  (Year)
that I last saw harm, alive on 19 1914
and that death occurred on the date stated above, at JOIS Arm The CAUSE OF DEATH* was as follows:  Carcinoma of Longue
Carcinonia of Longue
(Duration) 2 yrs mos. ds.
(Signed) (Diration) yrs mos ds (Signed) / The Dueller , M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was diseasa contracted, if not at place of death?
19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS



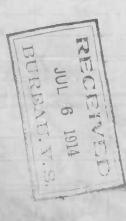


[Approved by U. S. Census and American Public Health Association.]

who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Earm abover, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never rcturn "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) «Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIAAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: The contributory (secondary or intercurrent) (Recommendations on statement of State cause for For vio-



V. S. No. 1.

N. B.

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH
Registration Dist. No. 202

VIllage or City Horgers lowe No. 247, 1	Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S DATE OF BIRTH  4 COLOR OR RACE  MARRIED, WISOMED, ORDIVORCEO (Withe the word)  (Month) (Day (Year)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  on fine  1917, to  1919  that I last saw has alive on fine  (7, 1914)
7 AGE It LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, at 3 130 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work  (b) General nature of todustry, business, or establishment in which employed (or employar)  **BIRTHPLACE** (State or country)  **The country of the co	Contributory Andrew (Doration) yrs mos ds.  (Doration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MARIE OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MARIE OF MOTHER  19 MARIE OF MOTHER  10 MARIE OF MOTHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  13 MARIE OF MOTHER  14 MARIE OF MOTHER  15 MARIE OF MOTHER  16 MARIE OF MOTHER  17 MARIE OF MOTHER  18 MARIE OF MOTHER  18 MARIE OF MOTHER  19 MARIE OF MOTHER  10 MARIE OF MOTHER  10 MARIE OF MOTHER  10 MARIE OF MOTHER  10 MARIE OF MOTHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  14 MARIE OF MOTHER  15 MARIE OF MOTHER  16 MARIE OF MOTHER  17 MARIE OF MOTHER  18 M	*State the DISEASE CAUSING DEATH, OF IN deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, It not at place of death?————————————————————————————————————
(Address) & acerstonono 911 de 16 19 1314 Hong Daws REGISTRAR	20 UNDERTAKER
il more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



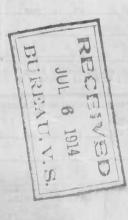


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING MEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-(6)

Statement of cause of death—Name, first, the disease causing dearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid diseasent); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcasles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canis less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) (Recommendations on statement of



## A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

RECORD

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very Every Item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.



## STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No.
Village or City(No	St.; Ward) [It death occurred in a hospital or institution,
FULL NAME Jacob Soul	her Mc Carthy give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Color of Race 5 single, Married Widoweb, Married (Write the word)	16 DATE OF DEATH SLAVE 16 7 1914 (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	Lee 4 1918, to June 16 1914.
May (Month) // (Day , 1867)	that I last saw he alive on May 10th 1914
7 AGE It LESS than	and that death occurred on the date stated above, at 3 m,
5 8 yrs mos 5 ds OR min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or f	I ulmonary surcouldes
(b) General nature of Industry,	
business, or establishment in which employed (or employer)	CASCADUTATION) 2 yrs mos ds.
9 BIRTHPLACE (State or country) Was A fan Mad	ContributorySecondary
10 NAME OF John Mc Carthy	(Signed) Printer Description (Duration) yrs mos ds.
OF FATHER (State or country)	191 A 191 A (Address)
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER COLUMN	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether AccidenTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALA, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs, mos ds. State yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Intermant) Rose Unn Inc Carlle	Former or usual residence
(Address) Clear Sjoring Ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 19 ,1914 Was Alfred REGISTRAR	20 UNDERTAKES BOOKS
If more blanks are maded add as City Date	Transfer of the state of the st

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. been changed or given np on account of the disease "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccity; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dienemonia"); Lobar pheumonia; Bronchopneumonia ("Pnenmonia," ungnalified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Mcdical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Juanition," "Marasgeuital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: affection need not be stated nnless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease cansing death), 29 ds.; (Recommendations on statement of



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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

Washington



## STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30

Registration Dist. No.

Mago or Cityllas Hageslown No. 7	emsport Pila Ward
2FILL NAME Manting	S. M. Consider

[If death occurred in a hospital or institution,

FULL NAME Martin	me Connect give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) 1 Opy (Year) 7 AGE 1 LESS than	Month) (Day (Year)  17 I hereby certify that I attended deceased from  May 27, 1914, to that I last saw have alive on form  and that death occurred on the date stated above, at 10 Gram.
yrs	Contributory Municipality & Production Contributory Municipality & Production Contributory Municipality & Production Contributory Municipality & Production Contributory Contr
10 NAME OF FATHER Peter M. Council Control of FATHER (State or country) Mary Land 12 MAIDEN NAME OF MOTHER CECULIFY AND CONTROL OF MOTHER CECULIFY AND	(Signed) Morra Mc of M. D.  *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	At place In the of death yrs. mos. ds State yrs. mos. ds Where was disease contracted, If not at place of death?  Former or osual residence
Filed 6/11 ,1814 Houry Havis	20 UNDERTAKER  LAGUSTON THE PADRESS  C. C. C. C. Marian  A C. Marian
If more blanks are needed, address State Regis	trar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the DISTARE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcasics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaegenital," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of State cause for



PHYSICIANS RECORD Exact statement PERMANENT EXACTLY. stated classified. 4 15 pinous UNFADING INK-THIS properly AGE supplied. pe may that it WITH terms, should PLAINLY. of Information DEATH WRITE

PHYSICIANS should state of OCCUPATION IS very certificate. 0 0 on back ATH in plain Instructions o CAUSE OF Important.

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BOCCUPATION

(a) Trade, profession, or

particular kind of work. (b) General nature of industry,

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

business, or establishment in

which employed (or employer) -----

of FATHER (State or country)

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

OF MOTHER

STATE OF MARYLAND PLACE OF DEATH Registered No. O Ilf death occurred in a hospital or Institution, give its NAME lostead PERSONAL AND STATISTICAL PARTICULARS S SINGLE. 4 COLOR OR RACE SEX MARRIED. widowed, ordivorced Write the word 6 DATE OF BIRTH (Day) (Yea (Month) IT LESS

1 day, .....

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



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# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senlle," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of . mere symptoms or terminal conditions, such as "Asis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," etc. State cause for (name origin; "Can-Examples: For VIO-



of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT PLAINLY, WITH UNFADING INK-THIS IS A Every item of information should be CAUSE OF DEATH in plain terms, so important. See instructions on back of WRITE

6144 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 201
Village or City Haguston (No. 141, 2FULL NAME John Mart	St.; 3 Ward)  [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDIGAL CERTIFICATE OF DEATH
Male white Single, Married, Willower, Willower, Willower, Willower, Willower, Willower, William Word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH    12	that I last saw h we alive on June 7 ,191 \$
T AGE If LESS than	and that death occurred on the date stated above, at 1,15 am,
0 9 yrs 4 mos 26 ds 1 day,hrs. ormin.?	The CAUSE OF DEATH* was as follows: Puphritis
(a) Trade, profession, or particular kind of work.	January Landers
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos// ds.
9 BIRTHPLACE (State or country)	Secondary  (Duration)  yrs. mos. Z. ds.
on 11 RIPTHER Jacob Murkit	(Signed) Freiro We. Newhy, N. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Hary Redman	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSJENCE
13 BIRTHPLACE OF MOTHER (State or country) Sant Ruow	At place In the ot death yrs, mos, ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(informant) trank Hurry	Former or usual residence.
(Address) Jaguatom Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 6/8- 191 4 Henry Davids	20 UNDERTAKER ADDRESS
REGISTRAR  If more blanks are needed, address State Registran	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
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[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealcr," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precisc statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic gerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of Accidental drowning; Struck by railway train-accimia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) State cause for Never report



### V. S. No. 1.

# PLAINLY, WITH UNFADING INK-THIS IS

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very of information should be carefully sur DEATH in plain terms, so that it ma See instructions on back of certificate. WRITE N. B.—Every Item o GAUSE OF I

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 30

6145

PLACE OF DEATH

Village or City Hages town (No. 1. 1)	St.; Ward)  [If death occurred la a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single,  Whate Whate Single,  Widowed,  Whose Single,  Married,  Willowed,  Write the word)	16 DATE OF DEATH (Month) (Day (Year)
7 AGE  (Month)  (Day (Year)  1 (LESS than t day, /3.hrs.	that I last saw has alive on lower at lower at lower and that death occurred on the date stated above, at lower m.  The CAUSE OF DEATH* was as follows:
**Soccupation (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  **PBIRTHPLACE** (State or country)  10 NAME OF FATHER (Rade, Vallian Lath, Mayon)  11 BIRTHPLACE** OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 MILLIAN  15 BIRTHPLACE OF MOTHER (State or country)  16 MILLIAN  17 MILLIAN  18 BIRTHPLACE OF MOTHER (State or country)  18 MILLIAN  19 MILLIAN  10 MILLIAN  10 MILLIAN  11 BIRTHPLACE OF MOTHER (State or country)  11 BIRTHPLACE OF MOTHER (State or country)	(Duration) yrs mos ds.  Contributory Secondary  (Duration) yrs mos ds.  (Signed)
(Address) Hayers tom Med  (Address) Hayers tom Med  (Address) 1914 M. L. Magers  REGISTRAN	Where was disease contracted, It not at place of death?  Former or Usual residence.  19 PLACE OF BURIAL OR REMOVAL  At Home  20 UNDERTAKER  No Undertaker  Address



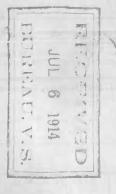


[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," material worked on may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid definite); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulosis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease eausing death), 29 ds.; cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT DEATHS State MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." dent; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. The contributory (secondary or intercurrent) (Recommendations on statement of State cause for For VIO-



HYSICIANS RECORD PERMANENT UNFADING plai 5 WRITE jo

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SICIANS should state OCCUPATION Is very

STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. (If death occurred to a hospital or Institution give its NAME instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX MARRIED. WIDOWED. (Month) Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) If LESS than 7 AGE 1 day, .....hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) ..... Contributory (Secondary) 9 BIRTHPLACE (State or country) (Duration) 10 NAME OF FATHER BIRTHPLACE RENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME V OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE In the At piace OF MOTHER (State or country of death State ..... yrs, ..... ..... yrs. ..... mos. ..... ds. Where was disease contracted. THE BEST If not at place of death? usual residence. LACE OF BURIAL OR REMOVAL DATE OF BURIA 15 20 UNDERTAKER ADDRES REGISTRAR

If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can he known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the death — Causing death — Rame accepted to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasendary); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. uant neoplasms) : Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailg ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the LENT DEATHS State MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 valvular heart discase; Chronic interstitial nephritis oma. Sarcoma. etc., of The coutributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for "Exhaustion, Examples: For VIO-



N.

PLACE OF DEATH

County Hashing Ton	CERTIFICATE OF DEATH Registered No. 302
VIIIege or City Hagsistown (No. 105)	Madison aust; 2 Ward)  [If death occurred in a hospital or institution, give its NAME lostead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIED.  WIDOWED.  ORDIVORCED  MID WORD  (Write the word)	18 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY That I sttended deceased from
8 DATE OF BIRTH  (Modth)  (Day)  (Year)  7 AGE  11 LESS than	that I last saw her alive on June 23 , 1914, and that death occurred on the state stated above, at 8 m,
48 yrs // mos. // ds. ORmin.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) Denoral nature of industry, business, or establishment to which amployed (or employer)	Contributory Causer A. Breasl-J
State or country) Funkstown Ind	(Secondary)  Afillay (Deration) yrs 8 mos ss.
of Father Haston V-B. Green  11 BIRTHPLACE OF FATHER (State or country) Hagestown Ind  12 Maiden NAME OF MOTHER  P  N  N  N  N  N  N  N  N  N  N  N  N	(Signed) Services by Mague Journ M. D.  June 26, 1914 (Address) Mague Journ Med  *State the Dismass Causing Dmath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Susan R. Sim Th.  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs mos ds. State yrs mos ds.  Where was disease contracted.
(Informant dward Commell	If not at place of death?  Former or usual residence
10 5(Address) a dison an Hagustonn 16 Filed 6/27, 1914 Henry Mills REGISTRAR	Rose Hill Haguston pare of Burial Rose Hill Haguston from 2 25, 1914 20 UNDERTAKER  S. Keller Gouman Haguston Med
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND



### 8

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

applies to each and every person, irrespective of agecated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage, as "Pubbreral septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head of by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of . ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," (Recommendations on statement of etc. State cause for (name origin; "Can-"Exhaustion," Examples: For vio-



N. B. No. 1.

N.B

-Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

6148 County Washington

PLACE OF DEATH



### STATE OF MARYLAND DEATH CERTIFICATE OF

Registered No. 30

* FULL NAME Basbara a C	give its NAME iostead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale White (Write the word)	(Month) (Day) (Year)  1 HEREBY CERTIFY, That I attended deceased frem
6 DATE OF BIRTH May 19470 (Month) (Day) (Year)	that I last saw her alive on frame 17 ,191 4
6 Z yrs	and that death occurred on the date stated above, at 3-7 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work  (b) Beneral nature of industry, business, or establishment in which amployed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE (OFFATHER OFFATHER OFFATH	(Signed)  (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Albert Oscal	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA) At place In the of death
15 Filed 6-20-, 1914 Herry Davis REGISTRAR  If more blanks are recogn, Codies White Registra	19 PLACE OF BURIAL OR REMOVAL  Ross Hell Hagus Town June 20, 181 4  20 UNDERTAKER  SK. Grunnen Hagustown Med.  r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

duties of the bousehold only (not paid Housekeepers applies to each and every person, irrespective of age cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all extends of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

dent; Revolver wound of head-homicide; Potsoned mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Purrperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," Bronchopneumonia (secondary), 10 ds. Never report cer" is less definite; avoid use of "Tumor" for mailg-"Contributory." injury, as fracture of skuil, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ture of the American Medicai Association.) cause of death approved by Committee on Nomencia. by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of etc. State cause for (name origin; "Can-Examples: For VIO-



MARGIN

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UNFADING INK-THIS IS

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT certificate. DEATH in plain terms, so See instructions on back of WRITE PLAINLY, WITH Every item of Information should CAUSE OF DEATH in plain terms Important.



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

[if death occurred in

FULL NAME Newcomer a	David Over a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Lourd Race Single, Married, Widowed, Widowed, Widowed, Windowed, Wild (Write the word)	16 DATE OF DEATH  South  (Day (Year)  17 A I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH 6 /9 , 914 (Month) (Day (Year)	that I last sawh wine alive on June 2, 1914.
TAGE  34  yrs 2 mos. 13 ds. or  all day,hrs.  or  particular kind of work.  (b) General nature of industry,  business, or establishment in  which employed (or employer)	and that death occurred on the date stated above, at 7.301. m. The GAUSE OF DEATH* was as Tollows:  (Moral Ends Carditis  (Mitral Encompetency)  (Buration)  yrs. 6, mos. ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Claim a Clangs Secondary  (Duration) yrs mos ds.  (Signed) 4, 191 (Address) Adges to sum M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury, and (2) whether accidental, Suicidal, or Homicidal.  18 Length of Residents in the of death yrs, mos, ds.  Where was disease contracted, If not at place of death?

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



### 8

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Groecry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Parmer or Planter, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Forcman," The

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cere brospinal meningitis"); Diphtheria (avoid use d'Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu.

mia," "Puerperal peritonitis," etc. State cause for ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sensis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the dath is essential and must be obtained before the certificate is permanently filed.

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-Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

Washington (2) STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 302
Village or City Naguslour (No. 3/	Madeson ass. Ward) [If death occurred is a hospital or institution,
1 20 1 21	le Comproy give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CIRTIFICATE OF DEATH
3 SEX 4 COLOR OR RAGE 5 SINGLE, MARRIED WIDOWED CLUY OR DIVERGED (Write the word)	16 DATE OF DEATH  (Month)  (Month)  (Iday  (Year)  17  I hereby certify. That I attended deceased from
Date of Birth  Left 7 (Year)	Softhenke 131, 1913, to free 9", 1914, that I last saw h & alive on free 9, 1914
7 AGE If LESS than 1 dayhrs.	and that death occurred on the date stated above, at 10 A, m,
16 yrs 9 mos 2 ds OR min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (1) (b) General nature of industry, business, or establishment in which employed (or employer)	Juberenloses of entertures  (Ouration) yrs mos. ds.
9 BIRTHPLACE (State or country) Marway	Gentributory Secondary (Baratlan)
10 NAME OF James Pomroy	(Signed) (Boyle, M. C)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL
of MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  Manual  State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs. mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, If not at place of death?————————————————————————————————————
(Address) Nagustown Lis	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 6/10- 1914 Haun Davis	20 UNDERTAKER ADDRESS
	rar, 6 E. Franklin S. Belto., Requesting V. S. No. 2.

V. S. No. 1.

N.B.





[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: dent; Revolver wound of head-homicide; Poisoned The contributory (Recommendations on statement of (secondary or intercurrent) For vio-



state

STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. Ilt death occurred in St:.....Ward) a hospital or institution, give its NAME lostead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE 3 SEX MARRIED. WIDOWED, (Month) (Day) (Year) ORDIVORCED (Write the word) HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH (Year-) (Month) (Day) If LESS than TAGE and that death occurred on the date stated above, f day, .....brs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment to (Duraties) which employed (or employer) Contributory.... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Address) J. C. 11 BIRTHPLACE ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ State ..... yrs, \_\_\_\_ mos. Where was disease contracted. If not at place of death?-Former or usual residence. 15 20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

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OCCUPATION RECORD PERMANENT DEATH WRITE 5 OF CAUSE

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Instructions

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf deeth occurred in .Ward) a hospital or institution. give Its NAME Instead of sfreef and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 3 SEX 5 SINGLE, 16 DATE OF DEATH MARRIED, MAGO WIDOWED, (Month) ORDIVORCED (Write the word) THEREBY CERTIFY, That I attended deceased from (Month) (Year) TAGE If LESS than and that death occurred on the date stated above, at f day ..... hrs: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Buration) which employed (or employer) Contributory. 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLAC OF FATHEN (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. State \_\_\_\_\_ yrs. \_\_\_\_ mos, Where was diseasa confracted. 14 THE ABOVE If not at placa of death?-Former or usual residence... 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

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PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;....Ward)

I'it death occurred to a hospital or lostitution. give its NAME instead

ADDRESS

of street and number.] 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. (Month) (Day (Write the word) (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at. 1 day, hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) O yrs O mos O ds which employed (or employer) ..... Contributory Secondary (State or country) FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death ...... yrs. ..... mos. ..... Os. State Where was diseasa contracted. 14 THE ABOVE IS If not at place of death? ... Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16

UNDERTAKER

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Fif death occurred in a hospital or institution. give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RAGE MARRIED. WIDOWED, & ORDIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I sttended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than t day, hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) State or country) Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accinental, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or countr of death \_\_\_\_\_ yrs. \_\_\_ mos. State \_\_\_\_ yrs. \_ Where was disease contracted. If not at place of death?. Former or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Belle, Requesting V. S. No.





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Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the IENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. The contributory (secondary or intercurrent) For vio-



RECORD Importan

CAUSE



If death occurred in a hospital or institution. give its NAME instead ot street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH MARRIED. WIDOWED, (Day ORDIVORCED (Write the word) HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Year) 7 AGE It LESS than on the date stated above, at..... THE CAUSE OF DEATH 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF PARENTS 11 BIRTHPLACE \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place In the State \_\_\_\_\_ yrs, \_\_\_\_ mos. Where was disease contracted. It not at place of death? Former or osoai residence 16

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

mine, etc. cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed; as At school or At home. Care duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as CAUSING DEATH, state occupation at beginning of ill-Housewife, Housework, or At Home, and children, not who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The additional liue is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But iu many applies to each and every person, irrespective of agc. (a) Spinner, it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Day laborer, Farm laborer, Laborer-Coal Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of "Contributory." (Recommendations ou statement of dent; Revolver wound of head-homicide; Poisoned IENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakuess," naut neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (uame origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viocause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inauition," "Marasgeuital," "Seuile," etc.), "Collapse," "Coma," "Couvulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," cer" is less definite; avoid use of "Tumor" for maligby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, Bronchopneumonia (secondary), 10 ds. The contributory Mcasles (disease causing death), 29 ds.; (secondary or intercurrent) "Dropsy," "Exhaustiou," State cause for Never report



N. B.—Every Item of Information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN N. S. No. 1.

Gounty Washington	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 302
Village or City Hagues Jour (No. 57	Elizabeth st; Ward)  [If death occurred is a hospital or lostitution, give its NAME instead of street and comber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Tomale While (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  1 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw be allow on June 22, 1914
7 AGE   11 LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 2, 30 pm.  The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) Beneral nature of lodustry,	Verthing Brouchs frimmed
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country) Hazurtowe: Ind	Contributory Condition (Secondary)  (Buration) yrs. mos. ds.  (Beration) yrs. mos. ds.
of 11 BIRTHPLACE	(Signed) (Address) Left Line
OFFATHER (State or country) MY Sina Md.	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER Sounsville Fad.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place in the of death yrs, mos ds. State yrs, mos ds. Where was disease contracted.
(Informant) Waller To the BEST OF MY KNOWLEDGE	If not at place of death?  Former or usual residence
59 Elperges hill St Hazuston Ind 16 6/24-, 1914 Henry Davis	19 BLACE OF BURIAL OR REMOVAL JUL PATE OF BURIAL  BOSS SELL SECRETARIA DATE OF BURIAL  20 UNDERTAKER  ADDRESS
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

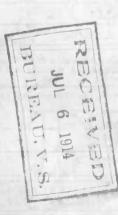


[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing diffection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

childbirth or miscarriage, as "Purreral septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measics; Whooping cough; Chronio "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchonneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma. Sarcoma. etc., of . by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of etc. State cause for (name origin; "Can-Examples: For VIO-



PLAINLY, WITH UNFADING INK-THIS IS

RECORD

PERMANENT

Every Item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. No. 1.

WRITE

N.B.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

[If death occurred in a hospital or institution, give its NAME instead

FULL NAME Iths. Erung for	ne Shruuc of street and nomoor.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word)	(Month) (Day (Year)
Bart Know, 1958 (Month) (Day (Year)	that I last saw har alive on former 1914
7 AGE    If LESS than 1 day,	and that death occurred on the date stated above, at m The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	Slevery (Buration) yrs mos. ds
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  Sout know	Contributory Secondary (Signed) (Signed) (Signed) (Address) (Address)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, of, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ot death
(informant) Him Emma K. Calle	Where was disease contracted, If not at place of death?  Former or usual residence
16 Filed 6/4 1914 Herry Sacis	19 PLACE OF BURIAL OR REMOVAL  RUSE Hill Comenting Address Address

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-



cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... ture of the American Medical Association.) sepsis, tetanus) Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronehopneumonia (secondary), 10 ds. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory may be stated under the head of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-Never report



### V. S. No. 1.

### AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OGCUPATION is very RECORD PERMANENT UNFADING INK-THIS IS N. B.—Every Item of Information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be in important. See instructions on back of certificate. WRITE PLAINLY, WITH

Village or City Brown (No. Washington)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 302 Tou Country Hofital Ward) [If death occurred in a hospital or institution, give its NAME instead
2 FULL NAME Francis El	galeth Sugal of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Remole Phile (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17  I HEREBY CERTIFY. That I attended deceased from
8 DATE OF BIRTH  Cugust _ 22 -, 1865  (Month) (Day (Year)	that I last saw h. & A allve on fame 22", 1914
7 AGE  48 yrs. 10 mos ds. 1 tess than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Mongland	Secondary (Duraflon) yrs mos os.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	(Signed) Aule Andress Proceders M. D. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
13 BIRTHPLACE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs. mos. // ds. State 48 yrs. // mos. ds  Where was disease contracted, at House
(Informant) Leage G. Vnyder.  (Address) Bouchors M.C.	Former or usual residence. 13 prus Com. 2nd.
Filed 6/24 - 1914 Aguny Augusta	1 Dores Coro Cemelony June 25, 1914 20 UNDERTAKER  20 UNDERTAKER  20 UNDERTAKER  20 UNDERTAKER  20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



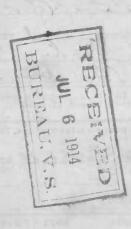


[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each aud every person, irrespective of age. who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persous CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of Grocery; (a) Foreman, (b) Automobile Inctory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," the second engineer,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, js iddefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcinlesis of lungs, meninges, peritonaeum, etc., Carcinlesis of lungs, meninges, peritonaeum, etc.,

nant neoplasms); Measles; Whooping cough; Chronie eer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head of childbirth or misearriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State eause for mus," "Old Age," "Shoek," "Uraemia," "Weakness," tbenia," "Anaemia" (merely symptomatie), "Atrophy," valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cauture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Coutributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a defluite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmerc symptoms or terminal couditions, such as "Asample: Measles (disease eausing death). 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The coutributory Always qualify all diseases resulting from SUICIDAL, or HOMICIDAL, or as probably (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion,"



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. .B.—Every item o CAUSE OF I

RECORD

1 PLACE OF DEATH

6159



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 30

39

It death occurred to

ADDRESS

Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

	FULL NAME Mary a Snyd	un St., Walu)	a hospital or Institution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
38	enale white (Write the word)	16 DATE OF DEATH LUL 9 (Month)  1770.   DEREBY CERTIFY, That I is	(Day (Year)
e/D	(Month) (Day (Year)	May 9, 1914, to Jan that I last saw h. A lalive on June	u 19, 1914.
7 A	T 2 yrs 11 mos ds. or min.?	and that death occurred on the date stated a The CAUSE OF DEATH* was as follows:	above, at 12,05 Pm.
(a pa (b) bus wh	CCUPATION ) Trade, profession, or rificular kind of work. ) General nature of industry, siness, or establishment in ich employed (or employer)  IRTHPLACE (State or country)	Contributory Contributory Contributory Contributory Contributory Secondary	
S	10 NAME OF FATHER Don't Knows	(Signed) (Quration) (Signed) (Address) (Address) (Address)	crtz 5, N. O.
NTS	OF FATHER (State or country)	*State the DISEASE CAUSING DEATH OF	in deaths from VIOLENT
PAREN	12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.	(2) whether Acciden-
	13 BIRTHPLACE OF MOTHER (State or country)  V  11	At place In the of death yrs mos ds. State	yrs, ds
	(Informant) Charles E. Sryder  (Address) Hagriston Wd	Where was disease contracted, it not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15		Rose 76:11	1/20 101 1

V. S. No. 1.

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15

If more blanks are needed



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) applies to each aud every person, irrespective of age. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter,

Statement of cause of death—Name, first, the misease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciaffection need not be stated unless important. Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," State cause for



Registration Dist. No.

Village or City

HAGERSTOWN

(No. 627

WASHINGTON SQ 6t; 2"Ward)

If death occurred in a hospital or institution, give its NAME instead of street and nomber.]

WILLIAM H. SOCKS

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
3 SE	AALE WHITE Single,  WHITE WHITE	16 DATE OF DEATH June 29 ,1914 (Month) (Day (Year)
6 D/	ATE OF BIRTH	17 I hEREBY CERTIFY, That I attended deceased from  4. June 5, 1914, to June 29, 1914,  4. Wat I fast saw here alive on June 29, 1914
7 A C		than and that death occurred on the date stated above, at 5,467m, hrs. The CAUSE OF DEATH * was as follows:
(a) par (b)	OCCUPATION  Trade, protession, or ricular kind of work  General nature of industry, iness. or establishment in the structure of industry, iness. or establishment in the structure of industry, in the structure of industry of industry, in the structure of industry, in the structure of industry of industry, in the structure of industry o	Substitute nophilia. Chance
9 BI	iness, or establishment in 11 11 11 11 11 11 11 11 11 11 11 11 11	Contributory Chrame Alcoholum 1 Secondary  (Duration) / yrs mos ds
	10 NAME OF FATHER JOHN P. SOCKS	(Signed) (Si
11 BIRTHPLACE OF FATHER (State or country) MARYLAND.  12 MAIDEN NAME OF MOTHER CORDELIA HOLTZ		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSFERS
	OF MOTHER (State or country) MARYLAND.	OR RECENT RESIDENTA) At place in the ot death yrs mos ds.
	(Informant) NETTIE SOCKS	Where was disease contracted, If not at piace of death?  Former or  usual residence
(Address) # 627 WASHINGTON SQUARE  16 Filed 7-1-1914 Hours Davis		ROSE HILL CEMETERY  20 UNDERTAKER  ADDRESS  ADDRESS
E 110	REGISTRA	C. M. SUTER & SON HAGERSTOWN MD.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

RECORD

BINDING

FOR

V. S. No. 1.

N.B.—Every Item of CAUSE OF I

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



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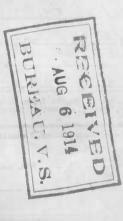
# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Lahorer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the nant neoplasms); Mcasles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal scptichaccause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not he stated unless important. "Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory Mcastcs (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for



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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

V. S. No. 1.

1	Di	A	CE	OF	DE	ATE
		40				- 24 1 1

616

WASHINGTON County-



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.\_4

HAGERSTOWN Viilage or City

(No. 126

St.;4" Ward) FRANKLIN EAST

[If death occurred in a hospital or lostitution, give its NAME Instead of street and nomber.]

### MRS. ANN MARIA STOUFFER FULL NAME...

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX FEMA	LE WHITE Single,  MARRIED, WIDOWED, ORDIVORCED, (Write the MARRIED)	16 DATE OF DEATH MY 24, 191 Y (Month) (Day (Year)
	OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	FEBRUARY 1" , 839.	tany 1, 1913, to 24, 1914,
	(Month) (Day (Year)	that I last aaw h la alive on france 24, 1914
7 AGE	75 yrs 4 mos 24 ds. OR mln.?	and that death occurred on the date stated above, at
particular	, profession, or HOUSE-WIFE	Caromona of liver
business,	ral nature of industry, or establishment in 1999 to 19	(Duration) / yrs 6 mas, 24 ds.
	MARYLAND.	Secondary Secondary (Suration) yrs mot ds.
	WILLIAM MILLER.	(Signed) all fauther, M. D.
PARENTS	OF FATHER (State or country) MARYLAND.	*State the Disease Causing Death, of in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
PAR 12 M	OF MOTHER ELIZABETH BELL.	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	SIRTHPLACE DF MOTHER (State or country) MARYLAND.	At place In the of death yrs. mos. ds. Stale yrs. mos. ds
4 THE	BOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Inform		Former or usual residence
(	(Address)# 126 E. FRANKLIN STREET.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed_	126,1914 Henry Davis	ROSE HILL CEMETERY JUNE 26", 1914
	If more blanks are peeded, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1





[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH

6162

### STATE OF MARYLAND CERTIFICATE OF DEATH

Viii	2 FULL NAME Harry & Story	Washingtonse; 2 Ward)  [If death occurred in a hospital or institution, give its KAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 si	4 COLOR OR RACE MARRIED WIDOWED, OPPONDROED Marked With the word	16 DATE OF DEATH 6 /5 ,1914 (Year)
8 D/	(Month) (Day (Year)	that I last saw have alive on fourth 1914,
TAG		and that death occurred on the date stated above, at 300 m. The CAUSE OF DEATH* was as follows:
(a) par (b) bus	CCUPATION  Trade, profession, or Auchary  Clicilar kind of work.  General nature of industry, iness, or establishment in ch employed (or employer)  Lationary  Lationary	and proclets, 2 yrs. 6 mos. ds.
8 BI	10 NAME OF FATHER GEOW Stones	Contributory afrancisco Curation Secondary  Control Cofficient (Duration)  (Signed)  (Address)  (Address)
PARENT	OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER ACT & Carnahow  13 BIRTHPLACE OF MOTHER (State or country)	*State the DINEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether Accidental, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds.
	Informant) Hus. H. E. Store	Where was disease contracted, If not at place of death?  Former or usual residence
16 File	(Address) Lagunday Registrar  If more plants are negled address State Porter	Place of Burial or REMOVAL  Place of Burial  Place of Burial  Place of Burial  Address  Watkins Winnich  Trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
	are negret, address State Regis	trar, o M. Frankin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

J. J. J. D. W. K.

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UNFADING INK-THIS IS

AGE

may be

PHYSICIANS should state

RECORD

PERMANENT be stated EXACTLY.

properly classified. Exact statement of OCCUPATION is very

### No. 1. vi

WRITE

OF

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Important. Every Ite

16

Village or City Haguston R&	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30 2  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
** AGE ** A COLOR OR RACE ** SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) ** AGE ** If LESS than 1 day,	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I hEREBY CERTIFY, That I attended deceased from  (1914), to  that I last saw have allow on  and that death occurred on the date stated above, at 6,30, 2m  The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	Mehritis (Durallon), yrs. mos. ds.  Contributory Maenua
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) WWW. M. M. M. D.  *State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.  *Blength of Residence (for Hospitals, Institutions, Transients or Recent Residents)  At place In the of death yrs. mos. ds. State yrs, mos. ds  Where was disease contracted, If not at place of death?
(Informant) Color Heal	Former or usual residence

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1./

REGISTRAR

DATE OF BURIAL

ADDRESS



[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (6)

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PHYSICIANS of OCCUPA
4. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

state Very

STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. Ilt death occurred in St:....Ward) a hospital or lostitution, give its NAME lostead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH SEX 4 COLOR OR RACE MARRIEU, WIDOWED-(Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH (Year) (Day) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day hrs. was as Joliows: OR ..... 7 (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duraties) which employed (or employer) -----Contributory. 9 BIRTHPLACE (Secondary) (State or country 10 NAME OF (Signed FATHER 11 BIRTHPLACE ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER ot death \_ \_\_\_\_ yrs. .... mos. .... ds. State (State or country) Where was disease contracted. OF MY KNOWLEDGE If not at place et death?. Former or usual residence DATE OF BURIAL Time 23 , 1914. 15 ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE mine, etc. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis

ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concause of death approved by Committee on Nomenciaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Candeath), 29 "Exhaustion," Examples: For VIO-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

### 6165 1 PLACE OF DEATH

County WASHINGTON



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 304

Village or City..... HAGERSTOWN (NOWASH. CO. HOSPITAL

St: 3" Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and nomber.]

### FULL NAME MRS. LOUISA WADE.

	PERS	ONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	MALE	4 COLOR OR RAGE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED TO W.	16 DATE OF DEATH  (Month)  (Day  (Year)
	TE OF BIRT		( The state of the	I HEREBY CERTIFY, That I attended deceased from
	VIE OF BINI	DECEM	BER 1" .	191.4., 10
		(Month)	, /	that I last saw h see alive on 6/10 ,1914
7 A (	3E	•		S than and that death occurred on the date stated above, at 1.45 Pem.  The CAUSE OF DEATH* was as follows:
(a)	Trade, professionticular kind of	on, or HOUS	E-WIFE	arebal Haurshags
bus	General nature iness, or estat ch employed (or	of industry, dishment in the employer)	11 11 11 11 11 11 11 11 11 11 11 11 11	(Duration) yrs mos / ds.
9 81	RTHPLACE (State or co	untry) MARYLA	MD.	Gontributory Vartuio Aclassic 3 Secondary  (Duration) yrs mos ds
	10 NAME O	ANDREW	SNYDER.	(Signed) Victin Dhuillen dr.
ENTS	11 BIRTHP OF FAT (State	HER or country) MARYL	AND.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PAREN	12 MAIDEN OF MO		SNYDER.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPE OF MOT (State	LACE HER or country) MARYL.	AND.	At place of death yrs. mos. 3 ds. State 78 yrs. mos. ds
14 T	HE ABOVE	S TRUE TO THE BES	T OF MY KNOWLEDGE	Where was disease contracted SHARPSBURG MD.
	(Informant)	JAMES SNYDE	R	Former or usual residence SHARPSBURG .MD.
	(Address)	SHAR	PSBURG MD.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Fil	6/11	- 1914 36	enny dan	SHARPSBURG MD. JUNE 121 191.4
			REGISTI	Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, It is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, tion Is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Mcdical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report

